MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *09963689*

FILING DATE

APPLICANT(S)

1813106

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51							
2				/			52							
3							53							
4				/			54							
5				/			55							
6				/			56							
7							57							
8							58							
9				/			59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17				/			67							
18							68							
19			/				69							
20				/			70							
21				/			71							
22				/			72							
23				/			73							
24				/			74							
25				/			75							
26			/				76							
27				/			77							
28				/			78							
29				/			79							
30				/			80							
31				/			81							
32				/			82							
33				/			83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			4				TOTAL IND.							
TOTAL DEP.			29				TOTAL DEP.							
TOTAL CLAIMS			33				TOTAL CLAIMS							